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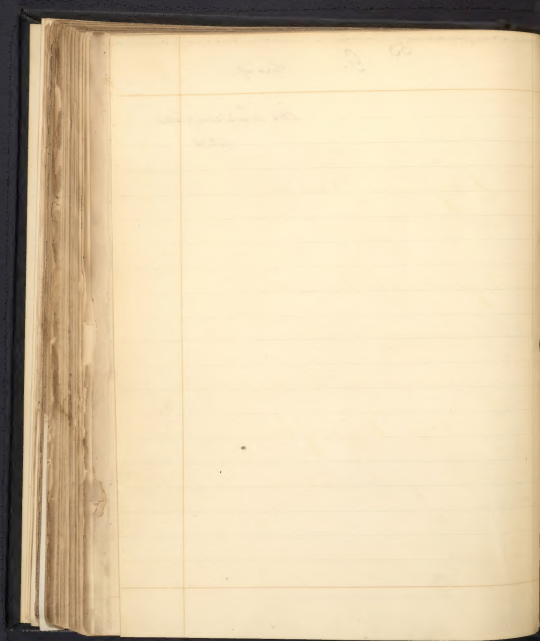
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Revised June 15

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An  
Inaugural Dissertation  
on  
Dysphagia  
Cynanche Trachealis  
commonly called  
Croup or Whooping  
Cough  
By John Lappington  
of Maryland



Revised March 15<sup>th</sup> 1824

An  
Inaugural Dissertation,

for the Degree of

Doctor of Medicine  
submitted To

The Examination  
of the

Trustees and Medical Professors  
of the

University of Pennsylvania,

on the 6 Day of Novr 1823

March 18 1892

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## Preface

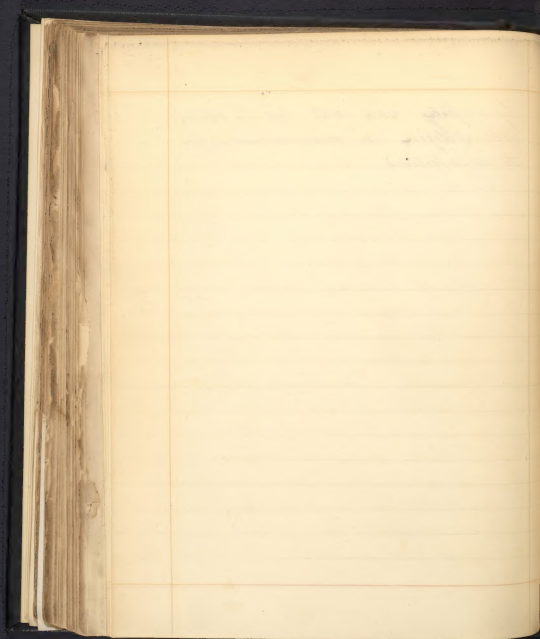
I have chosen for the subject of my Inaugural Dissertation Cynanche Trachealis.

The motives which led me to make this disease the subject of my thesis <sup>was</sup> ~~were~~ because it prevails much in the state of Harford county Maryland and my having had some opportunities of witnessing its progress. It would be more congenial to my inclinations to glide through the process of graduation without a thesis but as the laws of the University require a dissertation from every candidate for medical honors I am compelled to submit this to the inspection of the professors and hope that its being the production of a juvenile mind impelled





by necessity and not led by choice  
will apologise in some measure for  
its imperfections



in

# Inaugural Dissertation 9<sup>c</sup>

As the body of the text is not given, it is  
assumed that the subject is a  
study of population, from the  
above enumeration:

It is the whole of the above

The Calculations of Population of England

The Public Population of Great

The English Population of 1801

The successive Statistics of 9<sup>th</sup> Home

The Synoptic Tables of 2<sup>d</sup> Cullen 11<sup>th</sup>

\* Miller in 1801 and 1802

7 Cullen

7 State of the Transactions 1805

11 Medical in 1801 and 1802

5 Home in the State of the

in 1801.

II Cullen's Text 1801



From the variety of appetitions, I  
have selected that of Cyambecke Turke-  
nies; not because I conceived it more  
proper than some of the others, but  
because the work of Education being  
in the hands of every one, the lesson  
must be familiar to all.

It appears to be a disease to which  
the <sup>major</sup> part of the human race is  
in a peculiar manner <sup>exposed</sup>, from  
the unanimous instance, which <sup>St</sup> Chrysostom  
has related of its prevalence in the adulter  
land. I see no reason why, under particu-  
lar circumstances, it may not appear  
in the result subject. I can by no  
means subscribe to the opinion of those  
writers, who say that it is a disease  
within the first twelve years of life.  
- Professor Chalmers M. D. Lectures



I shall however, remain most satisfied  
in not substituting the common  
testimony of all kinds. and then to be  
told I have been a mistake, when  
I see it seems fifty times on children,  
(a perhaps a much larger majority)  
where it does not on the adult.

It is said to be much more frequent  
in its appearance during the spring  
and autumnal months. There is, however,  
no season of the year's situation, nor climate,  
that does not afford proofs of this  
in use. Altho all situations afford  
proofs of its existence, there is, in my opinion,  
sufficient reason to believe it is much  
more frequently found in those situations,  
which from their vicinity to marshes,  
rivers and other bodies of water, are constantly  
under the influence of cool,





moistened atmosphere.

I know the disease takes place, in a far greater number of instances in the low marsh lands, called the Neck situated in that part of Maryland which lies between the Chesapeake Bay and Bush River, than it does in the upper lands, called the Tarrat.

It is found in a high degree rapturous (if I be permitted the expression) of those children who are by nature luxuriant with dispositions the most lively, with constitution the most robust and with health the most blooming. Writers mostly represent it as ~~the~~ <sup>most</sup> frequent among children of the lower class, perhaps this may be the fact, but it is so far from being exclusively confined to the lower condition, that it is I have some-  
(not sure) a common disease in



families of all ranks. Some writers affirm  
that the croup does not appear in winter.  
while ~~there are~~ at the best at the  
~~in the season~~ seasons: but on the contrary  
we have the authority of Dr. Chapman  
when describing this disease, in the fol-  
lowing words, viz "It is common in win-  
ter from one to five years old, but I have  
seen it in children, in the month and in the  
age, but this is rare \* and this author  
has written an ingenious treatise on the  
disease says "Children while at the breast,  
"are not uncommonly attacked with it; and  
"I have known three or four instances in  
"which it has seized infants at the early  
"period of six months after birth."

On the contagious nature of the Cynanche  
\* Joseph Chapman's 3<sup>d</sup> Lecture

7 Alexander on Croup page 13



Tachycardia. I can see nothing from my  
own observation; it has been believed by  
some; doubted by others; and disbelieved  
by many.

It is it is very far from being uni-  
formly contagious. I can very easily conceive  
that the operation of the same causes  
might produce it in an individual differ-  
ent instances, even within the limits of  
a small neighbourhood.

I do conceive it in many instances  
inflammatory even when it is called  
Spasmodic. if continued long the mucous  
membrane becomes inflamed.

is the Spasmodic and Spasmodic  
Cough require the same treatment or  
rather no I shall consult myself with  
respecting the disease and the  
method of cure.



### Symptoms

In the generality of cases, of the *Croup*,  
*Stachytis* is ushered in with the usual  
phenomena of fever; such as *stiff shivers*,  
invariably attended with heat, *laughter*, and other  
symptoms, indicating the presence of a  
febrile state of the system; a short degree  
of hoarseness follows, accompanied with a  
dry cough, unattended for the most part  
with expectoration; and the whole bears  
a resemblance to a common cold as to  
be almost universally mistaken for one.  
Thus this disease advances; the tongue  
becomes white; appetite is lost; respiration  
and pulse much quicker; there is com-  
monly a degree of *swelling* complained of  
about the larynx, but very seldom attended  
with swelling; *distention* is scarcely at all  
affected; much restlessness and *irritability* prevails





eruptions sometimes appear on different parts of the body, voice is shrill and hoarse, the face becomes flushed and turgid with blood; hoarseness and cough at once in evidence; the muscles of the abdomen and thorax are thrown into such violent action by the inspiring efforts of the patient, Dr Rutley mentions the disease as being epidemic in Ireland; it but does not say it was contagious.

Physicians have excited not a little controversy the inflammatory nature of the Exanthematic Tracheitis some considering it as a well marked inflammatory disease whilst others view it as entirely unconnected with even a common symptom of inflammation.

\* Bristow

† Rutley's Chronological History on the weather



But the tenacious and ingenious late  
Duguid of the methods of Medicine &  
has in late times at all times of the  
most superior and considered it as  
inflammatory disease and ranks it  
as a grade of the Syphilitic state of liver  
Much has been said against being an  
inflammatory disease because dissections  
in salmon disease are marked by infla-  
mation

There is however objection on record to  
 some of the inflammation as found. & the  
 more if no marks of inflammation were  
 found on dissection it would not prove  
 the contrary for I can conceive that the  
 reports may be so far relieved by an effu-  
 sion that not even the vestige of such  
 a mark is seen. Nov 24

+ *Totima* on group of 1st and 2nd on group of 1st and 2nd, *Totima*.



a state shall be formed: Now we know  
very well children seldom die of this  
disease, until the vessels have in some  
instances nearly and in others entirely  
relieved themselves by effusion of course  
are opened only in this situation.

such is the general use perhaps and termina-  
tion of the Epineuric Tracheitis though it  
sometimes attacks with all the suddenness  
of an apoplectic paroxysm and this  
most generally while under the pleasing  
influence of refreshing sleep.

This disease runs its course in different  
periods of time: it often destroys the  
patient in twenty four hours from the  
attack; more frequently it terminates in  
two, three, and four days; and some  
authors say much longer time.

The immediate cause of these various



symptoms, dissections have proved to be  
in the trachea, and extend into its  
most minute ramifications.

Many different opinions are held respecting  
the nature of the preternatural me-  
mbrane, found lining the interior of the  
trachea; for while some consider it as  
inspired mucus,\* others contend that  
it is coagulable lymph;† It is a point  
of controversy, on which I feel myself  
wholly unprepared to decide. That I can  
conceive that it may at one time be  
inspired mucus, and at another  
coagulable lymph. We have analogies  
in favour of each, in different parts of  
the system, under certain circumstances.

\* Hæmorrhage. See

† See under in camp





## Diagnosis

This disease so much resembles a common cold in its commencement, that it has almost uniformly been mistaken for one. It may, however, be distinguished from a cold, by being most generally unattended with sneezing, and discharges from the eyes and nose, and by the cough being accompanied with a hoarseness common to *Loeough*, that no doubt is left as to the existence of a mechanical obstruction in the trachea.

The sound emitted during inspiration has been compared to the cracking noise made by a young hen & to the cawing of a cock  
& to the barking of a little dog or Fox  
x *Richard de Regina Polypsea* &c  
+ *Robertus Inguis* &c  
+ *Richardus Inguis* and obstruction &c



Aspiration is evidently much worse  
in progress, the is most probably owing  
to the irritation of the lymphatic incremen-  
tation or layer of membrane in the trachea ex-  
citing the muscles of the glottis into a  
spasmodic action which diminishing  
the opening through the rima glottidis  
is followed by respiration more laborious  
and after intervals of less difficulty.

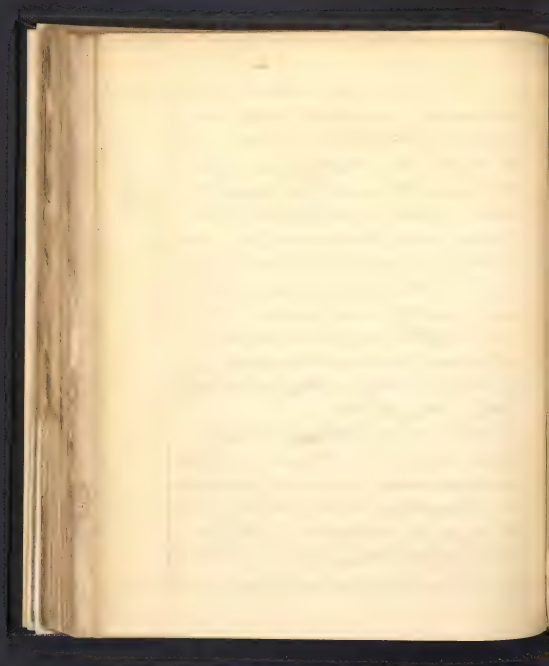
Thus this truly distressing disease  
proceeds in its career, and is succeeded  
by a train of symptoms, which only add  
to the well founded alarm of parents  
and attendants.

The countenance, in some instances, becomes  
pallid, in others a full and livid hue,  
owing to the return of blood being denied  
a free passage through the lungs in



consequence of an almost totally obstructed  
respiration. The patient becomes drowsy,  
but is prevented sleeping from the violent  
excitations of the respiratory organs; the  
system becomes exhausted; the pulse  
large and tremulous; anything can  
no longer be effected; the eyes are in-  
spread with a glassy appearance; convul-  
sions frequently come on, and the res-  
-piratory surface of the lungs under all the  
appearance of strangulation ~~and a~~  
~~sharp rise~~ ~~so it advances very~~  
~~swiftly is removed.~~

It cannot be mistaken for stopping  
though the latter is attended with proso-  
-pisms very violent and violent, and during  
the intermissions is not attended with  
the tremulous respiration of the throat  
a view of the internal process will readily



satisfy the most superficial observer that  
it is neither *Cynanche Tonsillaris*  
nor *Maligna* they are accompanied with  
much pain and difficulty of swallowing  
from the inflamed and tumid state  
of the tonsils and are not attended  
with the croupy inspiration

### Remote Causes

These are all such as induce debility,  
either directly, or indirectly.

Among those which act directly, are—

1 Cold. Cold especially when combined  
with moisture, I believe to be by far

the most frequent remote cause of the  
*Cynanche Trachealis*. hence we find it

more frequently occurring in those situa-  
-tions, and seasons which afford a

cold, damp atmosphere.





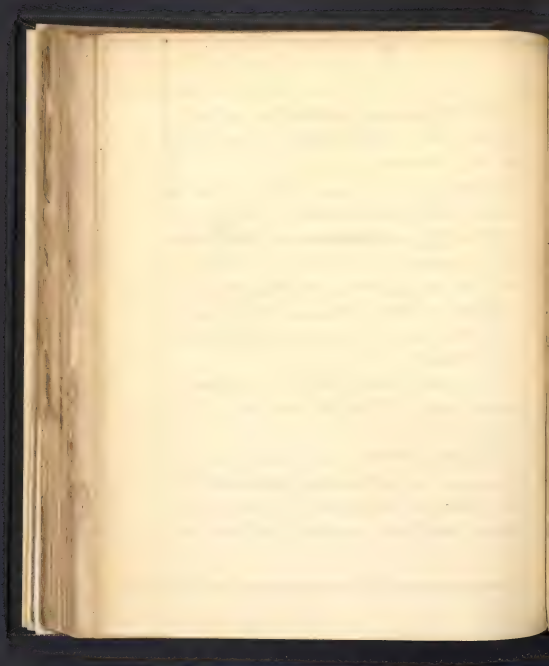
With the general debilitating effects of cold, it has a particular local action on the trachea.

2. Preexisting diseases, as small Pox, Measles, catarrhic affections, and Hoarseness, though, these all produce a debility, that is so near to typhoid Tracheitis. Other causes, by acting directly, may predispose to this disease; but those I have mentioned are much the most common.

Some causes which are indirectly, or indirectly, leading to the disease, are,

1. Tiredness

2. Fatigue, whether induced by undue exertion, or by any cause, predisposes the system to an attack of this disease, exerting acts both generally and locally.



### Predisposing Causes

The predisposing cause of this disease, as well as all other febrile diseases, is fully illustrated by Dr Rush, is Scalding.

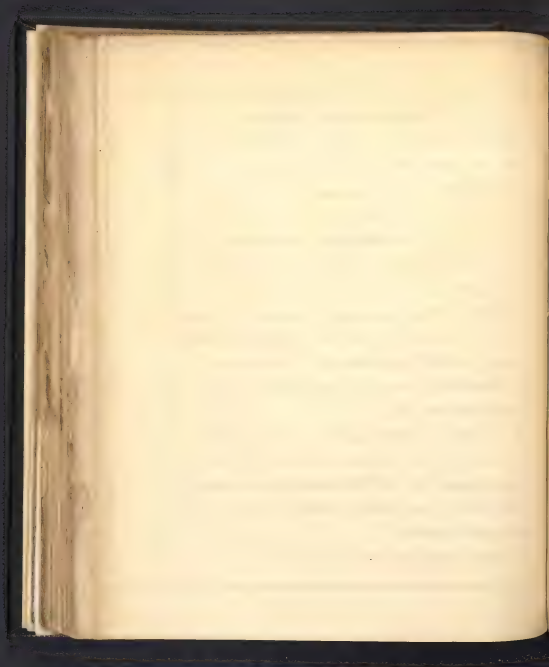
### Exciting Causes

The exciting causes are divided of several kinds, as

- 1 Heat. Heat, summer cold, & cold, is to be reckoned the most frequent exciting cause of the Epidemic Thickens.
- 2 Lention. may very properly be mentioned here.
- 3 A saline Atmosphere, where the disease occurs near the sea coast, is mentioned by Dr Hume, as a cause. In fact, any thing which will excite

\* Rush's works

+ Hume's inquiry p. page 4.



The system into action, may, with  
propriety, be regarded under the  
head of exciting causes.

### Proximate Cause

Various, indeed, have been the sentiments  
of authors, respecting the proximate  
cause of Gonorrhoea Trachaelis.

I can consider the proximate cause,  
and disease, than is different forms  
expressed in the end of the same thing;  
can we then suppose that Gonorrhoea  
Trachaelis to consist in an increased  
secretion, or in a morbid humor in  
the tunica, &c? From viewing the  
subject, there will, certainly, appear  
to be no more than mere effects of the  
disease, or, in other words, of the  
proximate cause.



From what I have said, and as I have  
given a description of the disease, the  
reader will no doubt suppose I am  
not going to give any prophylactic course.  
I certainly think it unnecessary, yet as  
it is so customary, I tell myself he  
will, with me, trace the hereditary cause  
as accompanied with irregular or convul-  
sive action in the arterial system, but  
determined, in a more particular man-  
ner, to the trachea, and its bronchial ram-  
ifications.

### PROGNOSIS

There is perhaps no way, in which Physicians  
have more frequently exposed them-  
selves to the contempt and ridicule  
of the world, than in the prognosis of  
diseases. They should avoid deciding  
positively, as to the event of any disease.

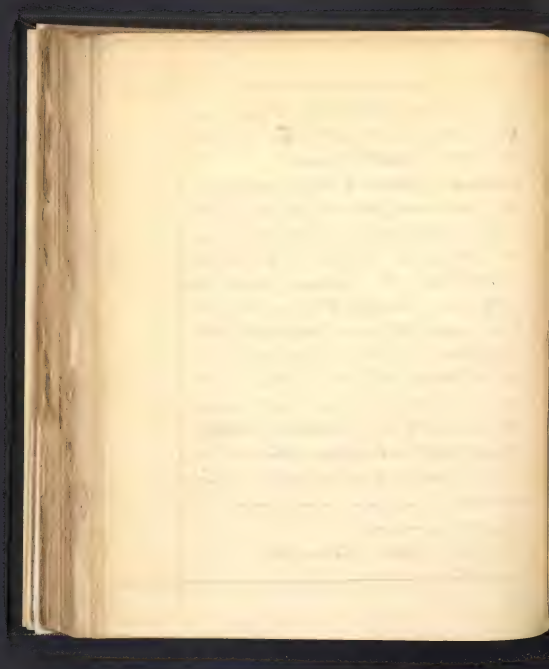




"For it is impossible" say Dr. Rush "in  
acute diseases, to tell where life ends,  
and where death begins.

Hundreds of patients have recovered,  
who have been pronounced incurable,  
"the great disgrace of the profession" &  
more danger is always to be appreh-  
ended, when this disease attacks sud-  
denly and violently. The greater the  
fever, and the more difficult the  
respiration, the more dangerous are  
we to esteem the case. Should the  
reverse of these occur, with a cough  
attended with expectoration, especially  
should they take place after the use  
of the remedies to be hereafter recommen-  
ded; we may give encouragement  
on good grounds.

\* Rush's insp. and Observ. Vol. 1



I should always be backward in pronouncing an unfavorable prognosis, unless symptoms of the same extreme danger appeared; such as quick, short, and difficult respiration; inability to swallow; weak, tremulous pulse; fainting; redness of the extremities, and convulsions.

#### Method of Cure

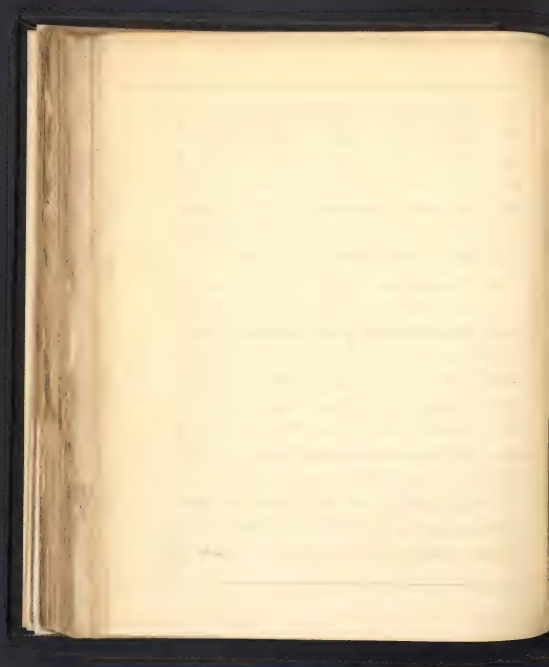
In proceeding to the mode of treating typhoid febrile, our indications will naturally be -

- 1 To abate and remove the fever.
  - 2 To remove the unnatural membrane or mucus in the trachea and the spine.
  - 3 To prevent a return of the disease.
- To answer the first indication, the most judicious course is,
- 1 Bleed - letting both phlebotomy and leech



has often given immediate relief.  
all authors concur in the propriety of  
using the Lancing; and here I cannot  
but regret the mistakes parents have  
been led into, by considering this disease  
as nothing more than a common  
cold; they delay taking the advice  
of a Physician until the disease  
has increased in violence, and retained  
itself, to a considerable degree, by a  
discharge, which, in a great measure,  
blocks up the very passage through  
which life is carried on.

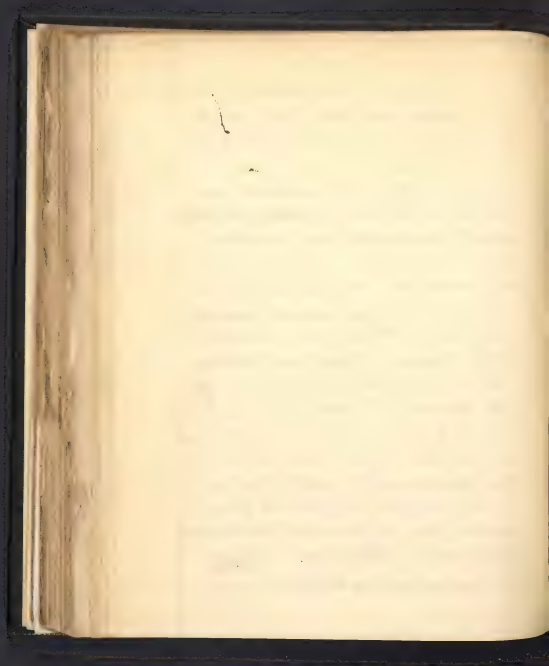
It should be used in the earliest  
stage of the disease; the frequency of its  
application, and the quantity of fluid to  
be used, must, at all times, be left  
to the discretion of the Physician; All  
that will have to do, will be, to attend



to the pulse, and state of the system;  
these done, it will be impossible for  
him to err.

2. To Answer. the second indication, an  
Emetic composed of Tartarized Anti-  
mony, Specacuanha, and Calomel,  
is one of the best remedies; it has  
often cured the disease, when given  
in the forming stage, especially where it  
is resisted with the warm bath, my  
"father" says he has never known  
it to fail of producing relief especially  
if the Calomel, be given in large enough  
doses, as to produce active purging, and  
has rarely found it useful to use any  
other remedy, except a repetition of  
emetic, to keep the bowels open.

Blisters have been warmly recommend-  
ed in croup, the remedies already





laid down will be sufficient during the first stage of the disease, the only time Histers are of service is in the latter stage of the disease.

To answer the third indication is, to prevent a return of the disease.

If the patient be much reduced by the length or violence of the disease, a decoction, or vinous infusion, of Prussian Bark; with a generous diet may be allowed; and the patient should be removed into a dry pleasant atmosphere.

With this then, I finish my Inaugural Dissertation, but before I close it entirely, I beg you, Illustrious Professors, who have so eminently distinguished yourselves in teaching the science of medicine, in its different extensive



branches, and from whom I hope I  
shall receive the highest honors of  
the profession, will accept my best  
wishes for your happiness; and be  
assured that for the many instances  
of friendship you have on many  
occasions shown me, I shall ever  
retain a heart full remembrance

I have been thinking of you lately  
and how the little time you  
the children and what you do  
and how you are getting on  
I hope this is the same  
I think you are in the  
same old place and I hope  
you are all well and happy  
I am a little bit better